



**REGISTRATION FORM FOR  
SOAR TECHNOLOGY PARTICIPANTS**

**PARTICIPANT DETAILS**

**Name:**

**Employee ID:**

**Job Title:**

**Department:**

**Division:**

**Contact Information:**      *Phone/Extension -*

*E-mail -*

**How long have you been in your current job?**      \_\_\_\_ Years      \_\_\_\_ Months

**How long have you been employed by the City of Riverside?**      \_\_\_\_ Years      \_\_\_\_ Months

**Signature:**

**Date:**

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**COURSE DETAILS (remaining availability for the 2008 Spring Trimester as of March 14<sup>th</sup>, 2008)**

You may use this form to register for up to **six (6)** scheduled course sessions. If you complete six course sessions within 12 months or less, you will achieve the SOAR Technology Certificate. Please mark the date(s) of the available class(es) you would like to register for between April 09, 2008 and June 30, 2008 (a schedule of classes beyond June 30, 2008 will be released in due course).

Please Note: All SOAR Technology classes are held at the Human Resources Computer Training Room, from 8:30am to 4:30pm. Maximum seating capacity is 12 participants per class.

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**Outlook I**

☐ 05/15/2008\*

**Publisher**

☐ 04/17/2008\*

☐ 06/02/2008

**Access II**

☐ 05/22/07\*

\* Remaining availability is very limited.

**SUPERVISOR/MANAGER DETAILS**

**Name:**

**Job Title:**

**Contact Information:**      *Phone/extension -*

*E-mail -*

☐ **Approval Granted**

**Signature:**

**Date:**

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**Send your completed registration form to:** M3P High Performance Learning Center, Human Resources Department, 3780 Market St., Riverside 92501, or via fax: (951) 826-2552.

**For comprehensive program and registration information:** please refer to our Learning Reference, or visit our website at [www.riversideca.gov/human/m3p](http://www.riversideca.gov/human/m3p).

**For any questions or comments:** please contact us at Ph: 951-826-5269 or E-mail: [m3p@riversideca.gov](mailto:m3p@riversideca.gov).